MULTIPLE DE INDENT CLAIM FEE CALCUSION SHEET (FOR USE WITH FORM PTO-875)

APPLICANT(S)

APPLA

LA	

	AS F	ILED		TER		TER		AS FIL	ED	AFTER AFTER			
	IND.	DEP.	IND.	DEP.	_	DEP.				1"AME	NDMENT	2"AME	NDMENT
F				1000	1.12.	DEI.	51	IND. 1	DEP.	IND.	DEP.	IND.	DEP
2					1	 	52						
3						-	53			-			
4					1	-	_54						
4							55						
9							56		_		-		
7							57				-		
8			-				58				_	_	_
9			\vdash				59		-	·-		_	_
10 11			-	1			60						
			-	\vdash	-		61					_	
12			-	\vdash			62						
14				\vdash			63						
15			\vdash	 	-		64						
16				1			_65		\Box				
17			- -	├-	1		66						
18		$\overline{}$		\vdash			67		\Box				
10			-	 -	 		68						_
260			-+-	 	_		69		_				
20 21			-	1	-		70		- 1				
2/2 2/3				 		_	72						
23				1			73						
24			-		_		74						
25							75						
26					1		76						
27			- 1				77		-				
28							78						
29							79 .		-	_			
30				. 1			80		_				
31				. 1			. 81		\neg				
32							82					+	
33							83	1					
34							84		\Box			3	
35 36							_85						
37							. 86						
38							87		_				
39					1	-	88		_				
40				-	1		89		_				
41				-	-		90						
42				1-1-	_		91						
43				 	1-		93						
44					1000		94		-+				
45 .				1			95		-+		—	-+	
46				-			96	-+	-				
47							97		_				
48				1			98		_				
49							99		\neg	$\neg \neg$			
50							100						
OTAL END.		4	_3	1		1	TOTAL IND.		#		4		#
TOTAL		STREET, ST	21	41		+	TOTALDEP				40		4
CLADAS			24				CLAINS		變	MENT of CO			